

TARGET POPULATION

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

The purpose of this component is to help jurisdictions address the empirical basis for identifying the population of children and/or families who can most benefit from a service, program or intervention. It is important for the jurisdiction to use data to understand the characteristics, needs, size, and location of the target population as a first step to program development.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

Prevention Plan. Jurisdictions will submit to CB a five-year Prevention Plan that identifies the target population for prevention and services, services or programs and how the state will assess children and their parents or kin caregivers to determine eligibility for services or programs.

QUESTIONS

What is the target population(s) of this provision?

What existing or new analyses are available or needed to understand the target population(s)?

How many children and families are part of the target population(s)?

What are the demographic and geographic characteristics of the target population(s)?

What are the service needs of the target population(s)?

STAKEHOLDER ENGAGEMENT

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

The purpose of this component is to identify the stakeholders and partners external to the child welfare agency who may have a shared interest in improving outcomes for children and families and/or who has a role in serving them. It is important to involve stakeholders can be in substantive planning for implementation to maximize resources and ensure service coordination and collaboration.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

Preventing Child Fatalities Plan. The statewide plan to prevent child abuse and neglect fatalities must describe how to gather information from relevant organizations including vital statistics, law enforcement, medical examiners and child death teams. The plan must describe the involvement and engagement of public and private agency partners, including those in public health, law enforcement, and the courts.

Qualified Residential Treatment Provider (Q RTP). Courts must review and approve a child's placement in a Q RTP and Court Improvement Program grantees must provide training to train legal professionals on the title IV-E payment limitations on child placements in non-foster homes.

Prevention. Jurisdictions will submit to CB a five-year Prevention Plan that identifies the consultation engaged in with agencies responsible for administering health, mental health and substance abuse prevention and treatment services, and how prevention services will be coordinated with other child and family services in the Child and Family Services Plan.

QUESTIONS

Which stakeholder groups need to be engaged to inform implementation of this provision?

- Tribes?
- Judges and legal stakeholders?
- Families, youth, and foster parents?
- Internal and external champions who can support buy-in and implementation? - New or different stakeholders?

How should stakeholder engagement be carried out?

What existing governance structures that include partners can be leveraged for assessment, planning and/or implementation?

Does this provision require a significant shift in the business model or practice approaches of key stakeholders?

COMMUNICATION

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

The purpose of this component is to develop messaging that shares information so that it engages and develops buy-in for staff, constituents, stakeholders and partners in planning and implementation.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

There are no specific provisions that relate to how jurisdictions should develop communications strategies.

QUESTIONS

Are there key constituencies and target audiences that need to understand this provision?

What upcoming opportunities exist or need to be created to communicate about this provision?

PRACTICE MODEL

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

The purpose of this component is to help jurisdictions consider how to align a practice model to define, explain, and/or outline expectations for how an agency will operate and partner with families and other stakeholders in providing child welfare services. It is important to consider provisions that provide new or deeper modes of working with families for incorporation into the practice model.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

Prevention. Jurisdictions will submit to CB a five-year Prevention Plan that identifies how the prevention services are provided under an organizational structure and treatment framework that is trauma-informed. The Prevention Plan will describe the jurisdictions steps to support and enhance a competent, skilled, and professional child welfare workforce to deliver trauma informed and evidence-based services. The Prevention Plan will also address how implementation of prevention services or programs will be continuously monitored to ensure fidelity to the practice model.

QUESTIONS

Does the provision provide an opportunity to develop and implement a practice model to guide the agency's work with and services to families?

If a practice model already exists:

To what extent does the practice model support the desired implementation of the provision?

What modifications or enhancements may be needed to the practice model to implement the provision?

Is it sufficiently trauma-informed to support implementation of this provision?

CHILD & FAMILY ASSESSMENT

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

This purpose of this component is for the jurisdiction to align assessment tools and processes to meet new requirements. It is important to ensure that assessments yield quality information and drive decisions for services and placement.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

Prevention. Jurisdictions will submit to CB a five-year Prevention Plan that identifies how the state will assess children and their parents or kin caregivers to determine eligibility for services or programs and how they will continue to monitor families receiving services through periodic risk assessments.

QRTP. For children placed in a QRTP, there is a required age-appropriate, evidence-based, validated, functional assessment required within 30 days of placement. The assessment is to be completed in conjunction with the family and assess the strengths and needs of the child, inform appropriate placement decisions and identify mental/behavioral health goals. This initial and ongoing assessments must be submitted for administrative reviews/court hearings.

QUESTIONS

To what extent are current agency assessment tools sufficient to implement this provision? Should there be new tools employed or changes made to existing tools?

To what extent are assessment processes, timeframes and related practices sufficient to implement the provision?

To what extent do we need to strengthen the quality of assessment and use of information to guide service planning and case decision-making to implement the provision?

CASE & SERVICE PLANNING

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

This component is to help jurisdictions incorporate new elements of service into case and service plan documents and align associated business processes for planning activities. It is important for workers and families to have a transparent and articulated path towards goals and outcomes.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

SUD Treatment Placements. Before a child is placed with a parent in a licensed residential family-based treatment facility for substance abuse, the recommendation for the placement must be specified in the child's case plan.

Prevention. A written prevention plan is required for candidates for foster care that identifies the foster care prevention strategy and the specific prevention service that will be provided.

QRTP. For a child placed in a QRTP, their case plan must include information the family and permanency team, including: identification efforts, contact info, evidence of meetings at family's convenience, team involvement in assessment and their placement preferences, and the assessment and court approval of placement. QRTP facilities must also provide discharge planning.

QUESTIONS

To what extent do the current child case and family service plans align with the provision??

What changes might be needed to the child case and family service plans to support implementation of the provision?

Is a new child case or family service plan needed for this provision?

If so, what is to be included in the new plan?

SERVICE ARRAY

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

The purpose of this component is for the jurisdiction to identify and assess the existing service array to inform the enhancement and/or alignment of the service array. It is important to match the services selected to target population to best leverage Family First provisions.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

Prevention. Title IV-E eligible services include up to 12 months of In-home parenting skills training, substance use treatment services by a clinician and mental health services by a clinician, all of which must meet certain evidentiary criteria.

QRTP/Congregate care. Congregate care facilities must meet criteria for a 'qualified residential treatment provider,' a facility for young people at risk or subject to sex trafficking, a licensed residential family-based treatment facility for substance use disorders, a supervised independent living facility for 18+ year olds, or a facility specializing in pregnant or parenting youth in order to be title IV-E reimbursable for foster care maintenance costs.

Residential Family-based Substance Abuse Treatment. Jurisdictions can receive federal reimbursement for children placed in residential family-based substance abuse treatment facilities with a parent for up to 12 months. Reimbursement is regardless of the child/parent's income if the placement is recommended in the child's plan and the facility meets certain criteria.

Kinship Navigator. Permits title IV-E claiming for kinship navigator programs that meet evidentiary criteria.

Reunification. Expands family reunification services under title IV-B to permit reunification services to continue a while a child is in foster care and to extend for up to 15 months after a child's return home from foster care.

Chafee. Permits jurisdictions to expand Chafee services up to age 23 if they have also taken the option to extend foster care to age 21 under title IV-E or based on HHS determination that the state is providing comparable state funded services to the extended age. Extends the ability of youth to receive education and training vouchers up to age 26, but for no more than five consecutive years.

QUESTIONS

What does the target population assessment suggest about adjustments needed to the service array?

What services will need to be added to the service array?

What volume of each service is required to meet existing and projected needs?

Are there services the jurisdiction could consider eliminating due to a lack of an evidence base or misalignment with the demonstrated needs of the target populations?

CASEWORK & SUPERVISORY PRACTICES

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

Includes considerations for how casework and supervisory practices should be adjusted to align with new expectations for the work. All Family First provisions should be considered for implications for casework and supervisory practices.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

Prevention. The jurisdiction must submit a five-year Prevention plan that describes how caseload size and type for prevention caseworkers will be determined, managed, and overseen. The plan must also provide a description of training and support for caseworkers in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, and overseeing and evaluating continued appropriateness of the service.

Relative Care. If a state waives non-safety licensing requirements for relative workers, it must describe how caseworkers are trained to use the waiver authority and whether the State has developed a process or provided tools to assist caseworkers in using the waiver authority.

QUESTIONS

To what extent do current casework and supervisory practices support the implementation of this provision?

What casework and supervisory changes are necessary to implement this provision?

POLICIES, REGULATIONS, & RULES

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

This component is to help jurisdictions identify changes to law, regulations or agency policies for alignment with Family First provisions. It is important to reflect and institutionalize new obligations on programs and the workforce in policy.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

All Family First provisions should be considered for implications for changes to state policy.

QUESTIONS

Which of the following relate to this provision?

State policies and regulations

Agency policies and procedures

Administrative rules

To what extent do they align with and support the provision currently?

What changes will be needed to implement the provision?

WORKFORCE CAPACITY & ALIGNMENT

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

Includes considerations for aligning worker and supervisor staffing to support implementation, including implications for the contracted workforce and workforce resources, support and credentials. All Family First provisions should be considered for implications for workforce.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

Prevention. The jurisdiction must submit a five-year Prevention plan that describes how caseload size and type for prevention caseworkers will be determined, managed, and overseen. The plan must also provide a description of training and support for caseworkers in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, and overseeing and evaluating continued appropriateness of the service.

QUESTIONS

Does this provision require additional or re-assigned staff?

Does this provision require a workforce with an additional skill set or credentials?

Does this provision require increased supervision or lower supervisor to worker ratios to ensure appropriate oversight and mentoring?

What resources might the workforce need to implement this provision successfully?

TRAINING & COACHING

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

This component is to help jurisdictions consider how to modify training and coaching for workers, supervisors, resource parents, or other partner and stakeholder groups. It is important to ensure that the workforce and partners are well-equipped with the skills to meet new challenges.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

Prevention. The jurisdiction will submit a five-year Prevention plan that describes the provision of training and support for caseworkers in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, and overseeing and evaluating continued appropriateness of the service.

Relative Care. If a state waives non-safety licensing requirements for relative workers, it must describe how caseworkers are trained to use the waiver authority and whether the State has developed a process or provided tools to assist caseworkers in using the waiver authority.

QRTP. Court Improvement Program grantees must provide training to train legal professionals on the title IV-E payment limitations on child placements in non-foster homes.

QUESTIONS

What modifications or additions are needed to pre-service training to address this provision?

What modifications or additions are needed to on-going training to address this provision?

What modifications or additions to foster parent training are needed to address this provision?

Does this provision require coaching, specialized training or guidance materials to a subgroup or specialists within the workforce to promote successful implementation (CPS investigators; older youth workers; etc.)?

Does this provision require the creation of new coaching models or modification of existing coaching practices?

DATA ANALYSIS, EVALUATION, & CONTINUOUS QUALITY IMPROVEMENT

QUESTIONS

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

This component is to help the jurisdiction track and understand implementation and performance. It is important to design continuous quality improvement processes that facilitate acting on evidence.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

Prevention. The state must have a well-designed and rigorous evaluation strategy for any promising, supported, or well-supported practice and include the strategy in its five-year Prevention Plan. The jurisdiction can request a waiver of this requirement where there is compelling evidence of the practice's effectiveness and the state is meeting practice CQI requirements.

What do we want to know to understand implementation, quality and fidelity of practice, and outcomes relevant to the provision?

Which additional partners could be brought to the table to help making meaning of data and/or evaluation results, and to shape adjustments to practice, systems and services?

What adjustments to ongoing continuous quality improvement processes and/or tools are necessary to assess performance?

Does the provision suggest an opportunity to move promising practices along the evidentiary scale?

DATA COLLECTION & FEDERAL REPORTING

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

This component is to address the short- and long-term data collection needs of the state. It is important to ensure quality data is available and disseminated for internal and external purposes.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

Prevention. States must collect and report to HHS data related to prevention services, including the specific services or programs provided, the total expenditures and duration of each of the services or programs, and the placement status of a child who is a candidate for foster care at the beginning, and at the end of the one-year period, respectively, and whether the child entered foster care within two years.

Prevention Maintenance of Effort (MOE). States providing title IV-E prevention services or programs must maintain the same level of “state foster care prevention expenditures” each FY as the amount the state spent in FY 2014 (or in some cases 2015 or 2016 as the base year). States must report the state foster care prevention expenditures for the base year and each FY the state participates in the title IV-E prevention program.

QRTP. States must collect and report to HHS data on non-foster care settings, including the type of facility, the characteristics and permanency plans for children within each placement setting and the services provided by the facility.

Child maltreatment fatalities. The jurisdiction must describe in its title IV-B plan to HHS, the steps they are taking to track and compile complete information on child maltreatment deaths from several specified sources.

Interstate placement. States are to use an electronic interstate case-processing system to facilitate interstate home studies and placements by Oct 1, 2027.

QUESTIONS

What administrative and other data are needed to understand implementation of the provision, quality practices and expected outcomes? To what extent are these data currently collected in administrative databases and other data sources?

What are the system, process or technical barriers to documenting and collecting information for the provision? Are interim solutions (e.g., point in time counts) necessary to collect data until administrative data changes are feasible?

Are new or adjusted data sharing agreements/contractual arrangements needed with external system partners to support data collection, analysis and evaluation?

How will potential CB guidance on data submissions factor into the implementation of data collection strategies?

What data quality approaches are needed for the newly collected data?

INFORMATION SYSTEMS (CCWIS)

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

This component helps the jurisdiction address the functionality needed in its CCWIS. It is important to align the new or adjusted business processes, case practices, services, policy and data collection and analysis efforts so that the information system meets the needs of the workforce, management and reporting requirements.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

The jurisdiction should consider the implications of all new or adjusted business processes, case practices, services, policy and data collection and analysis efforts in assessing its information system needs.

QUESTIONS

Does this provision require new or modified functionality within the statewide automated information system?

Does this provision suggest that additional data collection or report generation functionality is needed to optimize implementation efforts?

Does this provision suggest that 'ticklers' or other practice supports might be helpful to promote successful implementation or compliance with designated time frames?

CONTRACTING

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

This component is to help the jurisdiction explore the need for new or different contracts for services, training or other needs. This is important to ensure that there are adequate resources for implementation.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

There are no provisions which address contracting directly.

QUESTIONS

What new contracts for supports and/or services will need to be developed to implement this provision?

What contracts for supports and/or services will need to be revised to implement this provision? Does this provision require contracted agencies to modify or adjust their workforce to promote successful implementation?

What is the contracting timeline and its implications for this provision?

BUDGETING & APPROPRIATION REQUESTS

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

This component is to help the jurisdiction assess the fiscal impacts of implementing provisions. It is important to mitigate or plan for any changes in revenue.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

The jurisdiction should consider the implications of all provisions.

QUESTIONS

How will the implementation of this provision be funded?

What fiscal impact does this provision have on the agency budget?

What appropriation requests are necessary related to this provision?

What are the implications of this provision on the budgeting and appropriate timeline?

Is the provision likely to increase or decrease federal revenue? If a decrease, what mitigation strategies are available?

FEDERAL PLANS & REPORTING

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

This component is to help the jurisdiction address the formal plans and reports required by the law. It is important to ensure these public and formal documents reflect the jurisdiction's vision and incorporate evidence and partner collaborations.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

Prevention Plan. Jurisdictions will submit to CB a five-year Prevention Plan that identifies the target population for prevention and services, services or programs and how the state will assess children and their parents or kin caregivers to determine eligibility for services or programs.

Preventing Child Fatalities Plan. The statewide plan to prevent child abuse and neglect fatalities must describe how to gather information from relevant organizations including vital statistics, law enforcement, medical examiners and child death teams. The plan must describe the involvement and engagement of public and private agency partners, including those in public health, law enforcement, and the courts.

Health Care Services Plan. States will need to establish as part of their health care services oversight and coordination plan procedures and protocols to ensure children in foster care are not being inappropriately diagnosed with mental illnesses, disorders or disabilities that may result in the child not being placed with a foster family home.

Developmental Needs of Young Children. The jurisdiction must describe activities to reduce the length of time to permanency for children under the age of 5 and the activities the state undertakes to address the developmental needs of all vulnerable children under age 5 who receive child welfare services.

QUESTIONS

Is a specific plan required as part of this provision?

How can the Agency develop the plan associated with the provision in alignment with the strategic direction and priority outcomes?

Are there connected federal or state requirements that impact the development of the plan?

What data and evidence should be reviewed to inform the plan?

Which stakeholders and expert partners could help shape the plan development and implementation?

Will the plan describe a fixed statewide strategy, or a statewide framework with parameters that allow localized or program-specific approaches?

ACCOUNTING & CLAIMING SYSTEMS

FAMILY FIRST READINESS ASSESSMENT, PLANNING, AND INITIAL IMPLEMENTATION

COMPONENT OVERVIEW

This component helps the jurisdiction modify its accounting and claiming mechanisms to meet new tracking and reporting requirements. It is important to align these mechanisms with new reimbursement rules to maximize revenue.

BRIEF SUMMARY OF RELEVANT FAMILY FIRST PROVISIONS

Prevention. Title IV-E eligible services include up to 12 months of in-home parenting skills training, substance use treatment services by a clinician and mental health services by a clinician, all of which must meet certain evidentiary criteria. Claiming for the service, admin and training is regardless of child/family income. The state must have at least 50% of its expenditures for prevention go to well-supported programs. FFP rates start at 50% and change to FMAP in FY 2027.

Prevention Maintenance of Effort (MOE). States providing title IV-E prevention services or programs must maintain the same level of "state foster care prevention expenditures" each FY as the amount the state spent in FY 2014 (or in some cases 2015 or 2016 as the base year). States must report the state foster care prevention expenditures for the base year and each FY the state participates in the title IV-E prevention program.

QRTP/Congregate care. Congregate care facilities must meet criteria for a 'qualified residential treatment provider,' a facility for young people at risk or subject to sex trafficking, a licensed residential family-based treatment facility for substance use disorders, a supervised independent living facility for 18 + year olds, or a facility specializing in pregnant or parenting youth in order to be title IV-E reimbursable for foster care maintenance costs. Certain case plan and court approvals are also required for sustained federal reimbursement. Residential Family-based Substance Abuse Treatment. Jurisdictions can receive federal reimbursement for children placed in residential family-based substance abuse treatment facilities with a parent for up to 12 months. Reimbursement is regardless of the child/parent's income if the placement is recommended in the child's plan and the facility meets certain criteria. Kinship Navigator. Permits title IV-E claiming for kinship navigator programs that meet evidentiary criteria regardless of whether the child/family meets income criteria.

Adoption Assistance Delinking. Delays from January 1, 2018 to June 30, 2024, the increased federal reimbursement under Title IV-E Adoption Assistance for certain children adopted under age two.

QUESTIONS

What modifications are needed to the Cost Allocation Plan?

What new cost pools or activities need to be defined?

Do these require modification to random moment time studies (RMS) or other allocation processes?

What changes are needed to financial tracking and reporting systems, including changes needed for federal reporting?

What modifications to accounting systems are needed?

What additions and modifications are needed to eligibility determination processes and infrastructure?